

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q116808 Confirmation Number 6669	
Application Number	10/568,761	Filing Date	February 21, 2006
For	PREVENTIVE OR REMEDY FOR INFLAMMATORY BOWEL DISEASES CONTAINING ANTI-CD81 ANTIBODY AS THE ACTIVE INGREDIENT		
Art Unit	1644	Examiner Name	HADDAD, MAHER M
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input checked="" type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/>	Previous Payment Amount	Date Submitted	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>64,740</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u> </u>			
<small>WASHINGTON OFFICE</small> <div style="font-size: 1.5em; font-weight: bold;">23373</div> <small>CUSTOMER NUMBER</small>			
<u>/Alan C. Townsley/</u> Signature		<u>October 6, 2010</u> Date	
<u>Alan C. Townsley, Ph.D.</u> Typed or printed name		<u>(202) 293-7060</u> Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.		

Express Mail No. [TME1]